



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3848

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/777,041  | <b>FILING or 371(c) DATE</b><br>02/13/2004<br><b>RULE</b>   | <b>CLASS</b><br>382           | <b>GROUP ART UNIT</b><br>2624   | <b>ATTORNEY DOCKET NO.</b><br>248939US20 |                                |
| <b>APPLICANTS</b><br>Maryellen L. Giger, Elmhurst, IL;<br>Hui Li, Chicago, IL;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/447,295 02/14/2003 Yes, A.W.<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> None, A.W.<br>06/17/2004 |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /AKLILU K<br>WOLDEMARIAM/<br>Acknowledged Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWINGS</b><br>5   | <b>TOTAL CLAIMS</b><br>30                | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, L.L.P.<br>1940 DUKE STREET<br>ALEXANDRIA, VA 22314<br>UNITED STATES   |   |                               |   |  |                                |
| <b>TITLE</b><br>Method and system for fractal-based analysis of medical image texture   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>540   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |